

# Nebraska's Capital City

August 27, 2001

Mayor Wesely and City Council City of Lincoln City County Building Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Nebraska Retail Ventures LLC, d.b.a. Ampride.

Ampride has requested that Michael Olderbak be approved as the manager of the following Ampride locations all holders of class B or B/K liquor licenses.

4135 South 48th , License B38742

4002 Adams, License B38740, K42812

600 West 'A' Street, License B38741

3291 Holdrege, License B42975, K42976

4401 North 70th, License B42973, K42974

5501 Superior, License B50102

Background information on the applicant will be omitted as the Council approved Michael Olderbak as the manager for Kabredlo's liquor license.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police





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#### ATTACHMENECEIVED

MAY 31 2001

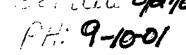
#### APPLICATION FOR CORPORATE MANAGER

HEBRASKA LIQUOF DONTROL COMMISSION

NEBRASKA RETAIL VENTURES, L.L.C.
(Kabredlo's, Inc. COALMISSION

Premise	License No.	Date
Store No. 101 338 N. 27 <sup>th</sup> St., Lincoln, NE	#38594	1993
Store No. 104 730 W. Cornhusker, Lincoln, NE	#38593	1993
Store No. 107 3560 N. 48 <sup>th</sup> St., Lincoln, NE	#41512	1998
Store No. 109 5120 S. 118 <sup>th</sup> St., Omaha, NE	#47959	2000
Store No. 110 9905 "Q" Street, Omaha, NE	#47961	2000
Store No. 111 2104 Pratt Avenue, Bellevue, NE	#47960	2000
5444 Center, Omaha, NE	#49658	2000

### STATE OF NEBRASKA





Governor

101 AUG 22 PAU 2 TE OITY OF ET NESRASKA Forrest D. Chapman
Executive Director
301 Centennial Mall South. 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)

NEBRASKA LIQUOR CONTROL COMMISSION

95497

August 20, 2001

Office of the City Clerk 555 So 10<sup>th</sup> St Suite 103 Lincoln NE 68508

RE: Nebraska Retail Ventures LLC

Manager Applicant: Michael D Olderbak

Clerk:

Enclosed are copies of manager applications for Michael D Olderbak. These are being filed in connection with the liquor licenses for:

Ampride #101, 4135 S 48th St, license #B38742 Ampride #102, 4002 Adams, license #B38740; K42812 Ampride #103, 600 W "A" St, license #B38741 Ampride #105, 3291 Holdrege St, license #B42975; K42976 Ampride #106, 4401 N 70th St, license #B42973, K42974 Ampride #107, 5501 Superior St, license #B50102

Please present these applications to your City Council and send us the results of that action.

NEBRASKA LIQUOR CONTROL COMMISSION

Messna

Mary Messman Licensing Division

mm encl.

cc: File

Rhonda R. Flower Commissioner Bob Logsdon Chairman R.L. (Dick) Coyne Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

#### Application for Corporate Manager

\*Must Be A Nebraska Resident\*

- MAY 31 2001

Return to:

Please submit in Triplicate 4 260° Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509
Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: http://www.nolorg/home/NLCC/

NEBRASKA LIQUOR CONTROL COMMISSION

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NAME OF LICENSED CORPORATION		· · · · · · · · · · · · · · · · · · ·		CL	SS & LICE	NSE NUMBI	ER.		
Nebraska Retail Ventures, L.L.C. B 50/02									
TRADE NAME OF LICENSED PREMISE ************************************	•			<b>.</b>	· ·				
STREET ADDRESS OF LICENSED PREMISE	CITY	<u> </u>	c	OUNTY			ZIP CODE		
5501 Superior Street	Lincol	n.	9K	Lancas	ter	246	68504 <b>6</b> 4		
On behalf of the corporation, I designate this individu	al as corporat	e manager.	-						
Signature of Corporate Presider	ıt/CEO:	/	//			24			
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NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX _		L SECURIT			OF BIRTH	PLACE OF BIRTH		
Olderbak, Michael D.	F M					Grand Forks,			
HOME STREET ADDRESS		CITY	·	COUNT	<u> </u>	STATE	ZIP CODE		
3291 Randolph Street		Linco	1n	Lanca	aster	NE	68510		
HOME TELEPHONE NUMBER (402) 474–9703	BUSINESS (402) 47		NE NUMBE	R.	DRIVE	DRIVERS LICENSE NUMBER & STATE Nebraska			
		01.2065							
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)			OCIAL SEC			DRIVERS L	ICENSE NUMBER		
N/A - Not married			•		•	& STATE	1		
DATE OF BIRTH:		F	LACE OF B	IRTH:	- <del>-</del>	1			
1. READ CAREFULLY. Answer completely Has anyone who is a party to this application, or charge means any charge alleging a felony or mi resolution. List the nature of the charge, where charges pending at the time of this application. If Yes INO	their spouse sdemeanor v	e, <u>ever</u> beer riolation of courred an	of a federal ( d the year a	or state law nd month o	; or a viola f the convi	tion of a local	llavy ordinance or		

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

**EYES** 

□NO

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□YES	. ON⊠ ⊠NO							PASKU 15	and the
		r, have all the qualification	ns required	l by any p	erson ent	itled to hold a Neb			
Nebraska L  Nebraska L	iquor Contr	ol Act (§53-131.01)			, <u>3</u> 23	A Brown Lower Line			
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Norfol	k, Nebra	ska	4/88	10/90		-	<u>-</u> ,,		<u> </u>
	City, I		4/86	4/88		•			
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1987	1993	Contemporary Inc		s, Oma	ha, NE	Dave Cop	40	02/850-5	464
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STATE OF	FNEBRAS	KA) ) SS							
COUNTY	OF	)							
application, th	at said applica	ng first duly sworn upon oath, dep ution has been read and that the shall be deemed guilty of perjury	contents ther	cof and all	statements (	contained therein are tr	ue. If any faise state	ment is made i	
and Federal), a Liquor Contro	nd bank or len I Commission	ereby consents to an investigation ding institution records, and said and any other individual disclos	applicant and ing or releasi	l spouse wai ng said info	ve any right rmation to	s or causes of action that the Nebraska Liquor Co	said applicant or spou	ise may have ag	ainst the Nebrasks
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Michae	Signs 21 D. 01	ture of Applicant derbak	•			Signatu	re of Spouse (If appli	lcable)	
Subscribed in day of/	my presence s	and swern to before me this	<u>0</u>		Subscri day of	bed in my presence and		his	<del></del>
	House	Q. Steam					44.		
	Nota	ry Signature & Seal					Notary Signature	& Seal	
	CHAIR C	HERYLA, STRANSKY							
1	MY.	COMMISSION EXPIRES November 27, 2002						FORM 35-401 REV, 1/0	90
11	abigh.							PAGE	2

#### Application for Corporate Manager

\*Must Be A Nebraska Resident\*

Please submit in Triplicate

Nebraska Liquor Control Commission, PO Box 95046 Return to:

301 Centennial Mall So., Lincoln NE 68509

MAY 31 2001

NEBRASKA LIQUOR Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: http://www.nolorg/home/NLCC/ CHE COLDERS OF CHAPTER NAME OF LICENSED CORPORATION CLASS & LICENSE NUMBER M4a973: K42974 Nebraska Retail Ventures, L.L.C. TRADE NAME OF LICENSED PREMISE X200000000 Amprice #106 JUL -5 2001 STREET ADDRESS OF LICENSED PREMISE CITY ZIP CODE COUNTY NEBRAS\* 68507 4401 N. 70th Street Lincoln MICOL COMLANCIASter On behalf of the corporation, I designate this individual as corporate manager. Signature of Corporate President/CEO: energy and the second of the s NAME (LAST, FIRST, MIDDLE, MAIDEN) SOCIAL SECURITY NUMBER SEX DATE OF BIRTH PLACE OF BIRTH F (M) Grand Forks, Olderbak, Michael D. North Dakota HOME STREET ADDRESS CITY COUNTY STATE ZIP CODE 3291 Randolph Street Lincoln Lancaster 68510 HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER DRIVERS LICENSE NUMBER & STATE (402) 474-9703 (402) 475-8848 Nebraska FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER & STATE N/A - Not married DATE OF BIRTH: PLACE OF BIRTH: 1. READ CAREFULLY. Answer completely and accurately. Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. ☐ Yes OI No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

MYES.

 $\square_{NO}$ 

#### RECEIVED

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### Application for Corporate Manager \*Must Be A Nebraska Resident\*

1005 1 E YAM

Return to:

NEBRASK Please submit in Triplicate
Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

NEBRASKA LIQUOR

CONTROL COMMISSION

rnode: (402) 4/1-25/1 Fax: (402) 4/1-2814	Web add:	ress: Dr	tp://www.nol	Lorg/h	ome/NL	CC/	The second secon		The aid to
NAME OF LICENSED CORPORATION				ĺ			ISE NUM		
Nebraska Retail Ventures, L.L.	.c. <sup>1</sup>	الله			.B 4	297 <i>5</i>	j. K4	7d.	76
TRADE NAME OF LICENSED PREMISE **RebredCkxXsx Ampride #105			,	<del></del>		•			
STREET ADDRESS OF LICENSED PREMISE	CITY		C	COUNT	Y	•		2112	CODE
3291 Holdrege Street	Lincol	n .	0 K	Lan	caster	٠,	ا ح	85	03 <b>6 L</b>
On behalf of the corporation, I designate this individu	al as corpora	e manag	er. /	./	1		7	<b>-</b>	
Signature of Corporate Presiden	ıt/CEO:	//	/d	20		<u> </u>		> .	
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NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX	sòc	IAL SECURIT	Y NUN	ÆER	DATE C	F BIRTH	PL	ACE OF BIRTH
Olderbak, Michael D.	F (M)			!					and Forks, rth Dakota
HOME STREET ADDRESS		CITY		COUNTY			STAT	_	ZIP CODE
3291 Randolph Street		Lin	coln La		Lancaster		NE	1	68510
HOME TELEPHONE NUMBER (402) 474–9703	BUSINESS (402) 47		HONE NUMBE	ER.		DRIVERS LICENSE NUMBER & STATE			
		ON				nie e	10		
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)			SOCIAL SEC	CURIT	Y NUMB	ER			ENSE NUMBER
N/A - Not married					•	.	& STATE	,	
DATE OF BIRTH:			PLACE OF	BIRTH:					
1. READ CAREFULLY. Answer completely Has anyone who is a party to this application, or charge means any charge alleging a felony or mi resolution. List the nature of the charge, where charges pending at the time of this application.  2 Yes UNO	their spouse isdemeanor the charge o	e, <u>ever</u> b violation courred	n of a federal and the year:	or stat	e law; or onth of th	r a violat ne convid	ion of a lo zion or pl	ભા ! ભ્ય <i>!</i>	aw, ordinance or

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

**☑YES** 

 $\square_{NO}$ 

### plication for Corporate Manager

\*Must Be A Nebraska Resident\* Please submit in Triplicate

MAY 31 2001

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509/ISSION
Phone: (402) 471-2571 Fax: (402) 471-2814 N Web address: http://www.n

NEBRASKA LIQUOH

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NAME OF LICENSED CORPORATION	g elleskululululululul	4 3000 ETS				A LICENIE	E NUMBI	
Nebraska Retail Ventures, L.L	.c.	٥K	•			374		ik .a
TRADE NAME OF LICENSED PREMISE  ***********************************			-	<u> </u>	<u> </u>	0074		
STREET ADDRESS OF LICENSED PREMISE	CITY			COUNT	ГҮ		·   2	TP CODE
4135 S. 48th Street	Lincol	n.	OK	Lat	ncaster	• •	<b> </b>	68506
On behalf of the corporation, I designate this individu	al as compora	te manag	ger.		<u></u>	1		7
Signature of Corporate Presiden	t/CEO:	5		1	1	//		
NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX	sòc	IAL SECUR	UTY NUI	MBER	DATE OF	BIRTH	PLACE OF BIRTH
Olderbak, Michael D.	F M							Grand Forks, North Dakota
HOME STREET ADDRESS		CITY		cc	UNTY		STATE	ZIP CODE
3291 Randolph Street		Lin	coln	·   1	ancast	er	NE	68510
HOME TELEPHONE NUMBER (402) 474–9703	BUSINESS (402) 47		HONE NUM 8	BER		DRIVERS		NUMBER & STATE Nebraska
				A TRI				
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)			SOCIAL S		7.7		N. S. P. B. L. B.	ICENSE NUMBER
N/A - Not married				-		- 1	STATE	
DATE OF BIRTH:			PLACE OF	F BIRTH:		<del></del>		<del></del> ,
1. READ CAREFULLY. Answer completely Has anyone who is a party to this application, or charge means any charge alleging a felony or mirresolution. List the nature of the charge, where the charges pending at the time of this application.	their spouse sdemeanor v he charge o	e, <u>ever</u> b violation	of a feder and the yea	al or stat r and mo	e law; or	a violation	n of a local	law ordinance or

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

**YES** 

 $\square_{NO}$ 

## Application for Corporate Manager \*Must Be A Nebraska Resident\*

RECEIVED

MAY 31 2007

Return to:

Please submit in Triplicate
Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall Son Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814	Weblad	dress: h	ttp://www.z	iol.org/b	ome/N	LCC/	RBBN ORTRO	ASKA LIQUO	េះ
							7, 10,		
NAME OF LICENSED CORPORATION				a remarks	CLAS	SALICE	NSE NUM		
Nebraska Retail Ventures, L.I		O¥	•		.B	38		BER	
TRADE NAME OF LICENSED PREMISE KANYAKAKA Ampride #103	; 					<u>.</u>			
STREET ADDRESS OF LICENSED PREMISE	CITY			COUNT	Y		· ·	ZIP CODE	
600 West "A" Street	Lincol	Ĺ <del>n</del>	•¥	Lan	caste	Ξ.	OK	68522	246
On behalf of the corporation, I designate this individ	ual as corpora	ite manag	er.					<del></del>	
Signature of Corporate Presider	an BAPPAR AN PERSONAL AND A	(Mars) 1244 and		<u> </u>					
	ivion.	11 211	iveries			•λ.:			
NAME (LAST, FIRST, MIDDLE, MAIDEN) Olderbak, Michael D.	SEX F M	sóc	IAL SECURI		THE PERSON		F BIRTH	PLACE OF E	cks,
HOME STREET ADDRESS		CITY		CO	JNTY		99.9	North Dal	
3291 Randolph Street			coln		ancas	ter	STATE	ZIP CODE	
HOME TELEPHONE NUMBER (402) 474–9703	BUSINESS (402) 47	TELEPI 5-8848	IONE NUMB				S LICENSI	NUMBER & Vebraska	
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FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) N/A - Not married			SOCIAL SE		2 20 Wh- 1;	ER	the second second	LICENSE NUI	⁄BER
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1. READ CAREFULLY. Answer completely Has anyone who is a party to this application, or charge means any charge alleging a felony or mis resolution. List the nature of the charge, where the charges pending at the time of this application. If Yes INO	their spouse sdemeanor v	e, <u>ever</u> be	or a recerai	or state	law; or	a violatio	on of a loca	al law, ordinai	nal ace or

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

**EYES** 

□NO

### Application for Corporate Manager \*Must Be A Nebraska Resident\*

Return to:

Please submit in Triplicate
Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

TECHASKA LIQUOR

	Web audi						COAMBRA			
NAME OF LICENSED CORPORATION	NAME OF LICENSED CORPORATION  Nebraska Retail Ventures, L.L.C.  B 38740- K 42812									
TRADE NAME OF LICENSED PREMISE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				······································		<del></del>				
STREET ADDRESS OF LICENSED PREMISE	CITY	····	COUN	TY		1	ZIP CODE			
4002 Adams	Lincoln	. 67	La	ncaste	· •		68504			
On behalf of the corporation, I designate this individual Signature of Corporate Presiden		e manager.	1	2	10					
	<b>Witerly</b>			21.01	CAVE					
NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX	SOCIAL SECU	RITY NU	MBER	DATE OF		PLACE OF BIRTH			
Olderbak, Michael D.	F M						Grand Forks, North Dakota			
HOME STREET ADDRESS	. [	CITY	C	OUNTY		STATE	<u> </u>			
3291 Randolph Street		Lincoln		Lancas	ter	NE	68510			
HOME TELEPHONE NUMBER (402) 474-9703	BUSINESS (402) 47	TELEPHONE NUN 5–8848	BER.		DRIVER	LICENSE	NUMBER & STATE Nebraska			
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FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		SOCIAL	SECURIT	TY NUME	1		LICENSE NUMBER			
N/A - Not married			-	•	]	& STATE				
DATE OF BIRTH:		PLACE (	OF BIRTH	ī:						
1. READ CAREFULLY. Answer completely Has anyone who is a party to this application, or charge means any charge alleging a felony or mi resolution. List the nature of the charge, where charges pending at the time of this application.	their spouse sdemeanor v the charge of	e, <u>ever</u> been convi violation of a fede courred and the ye	eral or sta ear and m	ate law; o	r a violatio he convict	on of a location or plea	al law, ordinance or L. Also list any			

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<sup>2.</sup> Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.